

PART B - FEE(S) TRANSMITTAL

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23565 7590 11/05/2004

KLAUBER & JACKSON
 411 HACKENSACK AVENUE
 HACKENSACK, NJ 07601

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Carolyn Di Meglio (Depositor's name)
 Carolyn Di Meglio (Signature)
 February 7, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/032,950	12/27/2001	Tom W. Muir	600-1-231N CON	7862

TITLE OF INVENTION: NOVEL STAPHYLOCOCCUS PEPTIDES FOR BACTERIAL INTERFERENCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$800 \$700	\$300	\$800 \$1000	02/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MITRA, RJTA	1653	530-317000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Klauber & Jackson

2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Rockefeller University
 New York University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, New York 10021-6399
 New York, New York 10012

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1153 (enclose an extra copy of this form).

5. Change in Entry Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid Issue fee to the application identified above.
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David A. Jackson

Date

02/07/2005

Typed or printed name

Registration No.

26,742

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or a Box 1450, Alexandria, Virginia Under the Papers:

02/10/2005	00000169	1	2501	\$700.00	02/09/2005	CK
02/10/2005	00000170	1	1504	\$300.00	02/09/2005	CK
02/10/2005	00000171	1	8001	\$30.00	02/09/2005	CK